

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 11/22/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445135	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 10/25/2010
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER - WINDWOOD			STREET ADDRESS, CITY, STATE, ZIP CODE 220 LONGMIRE RD CLINTON, TN 37716		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 000	INITIAL COMMENTS	K 000			
K 021 SS=E	<p>42 CFR 483.70(a) K3 BUILDING: 1-story Type V(111), unprotected, non-combustible construction with a complete automatic sprinkler system. K6 PLAN APPROVAL: 1978 K7 SURVEY UNDER: 2000 EXISTING K8 120-bed SNF/NF NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure is held open only by devices arranged to automatically close all such doors by zone or throughout the facility upon activation of:</p> <p>a) the required manual fire alarm system;</p> <p>b) local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and</p> <p>c) the automatic sprinkler system, if installed. 19.2.2.2.6, 7.2.1.8.2</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure corridor fire doors closed to a positive latch. The findings include: Observation and interview with the Maintenance Director, on October 25, 2010 at 9:20 a.m. confirmed the corridor fire doors in the South 100</p>	K 021	<p>K021</p> <p><u>Residents Affected</u> No residents were affected.</p> <p><u>Residents Potentially Affected</u> All residents have the potential to be affected.</p> <p><u>Measures/Systematic Changes</u> Doors adjusted to allow them to close and latch properly.</p> <p><u>Monitoring Changes</u> Maintenance will monitor door closures daily during rounds and during fire drills making adjustments as needed. Any observed issues of non-compliance will be reported at monthly Safety Team Meeting X 3 months.</p> <p>10/28/10</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 021	Continued From page 1	K 021			
K 029 SS=E	<p>hall, fire doors by room 122 and room 314 would not close to a positive latch.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>This STANDARD is not met as evidenced by: NFPA 101, 8.3.6.1 (1). Pipes, conduits, bus ducts, cables, wires, air ducts, pneumatic tubes and ducts, and similar building service equipment that pass through floors and smoke barriers shall be protected by filling the space with a material that is capable of maintaining the smoke resistance of the smoke barrier or it shall be protected by an approved device that is designed for the specific purpose.</p> <p>Based on observation and interview, the facility failed to assure fire rated walls and ceilings are maintained.</p> <p>The findings include: Observation and interview with the Maintenance Director on October 25, 2010 at 10:40 a.m. confirmed unsealed penetrations in the rated ceiling of the 200 North mixing valve room, North electrical room above panel "Génération EM 3",</p>	K 029	<p>K029</p> <p><u>Residents Affected</u></p> <p>No residents were affected.</p> <p><u>Residents Potentially Affected</u></p> <p>All residents have the potential to be affected.</p> <p><u>Measures/Systemic Changes</u></p> <p>Penetrations in affected areas have been filled with material that is capable of maintaining the smoke resistance of the smoke barrier or maintaining fire rated barrier. Maintenance will inform affected contractors of requirements of maintaining these barriers. After contractors have been in attic or mechanical rooms, maintenance will ensure that they left no penetrations.</p> <p><u>Monitoring Changes</u></p> <p>Maintenance or designee will monitor for penetrations of smoke or fire rated barriers during weekly rounds and correct as needed. Any future reports of non-compliance will be reported to Safety Team Meeting X 3 months with action plan in place as needed.</p>		
			11/12/10		

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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER - WINDWOOD			STREET ADDRESS, CITY, STATE, ZIP CODE 220 LONGMIRE RD CLINTON, TN 37718		
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K 029	Continued From page 2	K 029			
K 045 SS=D	Kitchen gas supply pipe for the cooking equipment, and insulated water pipe behind the riser and above the second hot water heater in the housekeeping supply room. NFPA 101 LIFE SAFETY CODE STANDARD Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure outside exits were illuminated with multiple bulbs or fixtures. The findings include: Observation and interview with the Maintenance Director, on on October 25, 2010 at 10:40 a.m. confirmed the outside lights at the exits from the south 300 hall exit was burnt out and the south exits by 200 and 212 had single bulb light fixtures.	K 045	<p>K045</p> <p><u>Residents Affected</u> No residents were affected.</p> <p><u>Residents Potentially Affected</u> All residents have the potential to be affected.</p> <p><u>Measures/Systemic Changes</u> All exit doors were immediately checked for adequate lighting. Licensed electrician installed fixtures as indicated.</p> <p><u>Monitoring Changes</u> Maintenance will observe for adequate working lighting during daily rounds. Any issues will be corrected immediately and reported to monthly Safety Team meeting X 3 months.</p>		
K 062 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure the sprinkler system piping was not used to support non-system components.	K 062	<p>11/19/10</p> <p>K062</p> <p><u>Residents Affected</u> No residents were affected.</p> <p><u>Residents Potentially Affected</u> All residents have the potential to be affected.</p>		

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K 062	Continued From page 3 (NFPA 13, 9-1.1.7) The findings include: Observation and interview with the Maintenance Director, in the attic above North 200 hall, on October 25, 2010 at 12:40 p.m. confirmed electrical wiring and phone lines in the attic was attached to the main sprinkler line.	K 062	<u>Measures/Systemic Changes</u> Maintenance removed low voltage wiring from sprinkler pipes through out building. Maintenance will inform affected contractors not to attach wiring to sprinkler pipes. After contractors have been in these areas, maintenance will ensure compliance.	11/12/10	
K 073 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD No furnishings or decorations of highly flammable character are used. 19.7.5.2, 19.7.5.3, 19.7.5.4 This STANDARD is not met as evidenced by: Based on staff interviews, the facility failed to assure combustible decorations were fire retardant (NFPA 110, 19.7.5.4). The findings include: Interview with the Maintenance Director and Housekeeping Supervisor, on October 25, 2010 at 10:50 a.m., confirmed the facility failed to treat holiday decorations with a fire retardant and could not provide documentation that decorations in the corridors and common areas were treated with fire retardant material.	K 073 <u>Monitoring Changes</u> Maintenance will monitor compliance during weekly rounds. Any issues will be corrected immediately and reported to monthly Safety Team meeting X 3 months. K073 <u>Residents Affected</u> No residents were affected. <u>Residents Potentially Affected</u> All residents have the potential to be affected. <u>Measures/Systemic Changes</u> All combustible decorations in common areas and corridors were treated with fire retardant and tagged and logged when treated. Maintenance will maintain log and periodically re-treat decorations per fire retardant manufacturer's specifications. Staff have been educated to have maintenance treat decorations used in corridors.			
K 147 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure extension cords and multiple outlet adapters were not used (NFPA 99, 3-3.2.1.2 (d) (2) states: There shall be sufficient receptacles located so as to avoid the need for	K 147	<u>Monitoring Changes</u> Maintenance will observe for untreated decorations during daily rounds. Any issues will be corrected immediately and reported to monthly Safety Team Meeting X 3 months.	11/09/10	

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AND PLAN OF CORRECTION(X1) PROVIDER/SUPPLIER/CLIA
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445135

(X2) MULTIPLE CONSTRUCTION

A. BUILDING 01 - MAIN BUILDING 01

B. WING

(X3) DATE SURVEY
COMPLETED

10/25/2010

NAME OF PROVIDER OR SUPPLIER

GOLDEN LIVINGCENTER - WINDWOOD

STREET ADDRESS, CITY, STATE, ZIP CODE

220 LONGMIRE RD
CLINTON, TN 37716(X4) ID
PREFIX
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DATE

K 147

Continued From page 4
extension cords or multiple outlet adapters.)
The findings include:
Observation and Interview with the Maintenance
Director, on October 25, 2010 between 1:00 p.m.
and 2:10 p.m. confirmed resident room 214 and
218 was observed with a power strip next to the
resident bed with medical devices plugged into it.

K 147

K147

Residents Affected

No residents were affected.

Residents Potentially AffectedAll residents have the potential to be
affected.Measures/Systemic Changes

Identified power strips were immediately
removed and the medical devices were
plugged into wall outlets.
All resident rooms were immediately
checked for any medical devices
plugged into power strips.
Staff have been educated regarding
appropriate usage of power strips
and to correct any issues of non-
compliance immediately.

Monitoring Changes

Maintenance will observe for use
of power strips used to provide power
for medical devices during daily rounds
targeting random rooms. Any issues will
be corrected immediately and reported to
monthly Safety Team Meeting X 3 months.

11/11/10